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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/586,667			ing Date 20/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
FOR			NUMBER FI	LED NL	IMBER EXTRA	Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A		N/A	1	N/A		1	N/A	
SEARCH FEE (37 CFR 1 16(k), (i), or (m))			N/A		N/A	]	N/A			N/A	
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1 16(i))			minus 20 =				x \$ =		OR	X \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =			l	X \$ =		1	X 8 =	
H the specification and drawings exceed 100 better of pager, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or Intaction thereof. See 35 U.S.C. 41(q)fY(g) and 37 CFR 1.16(g).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						J					
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL	
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							SMAL	L ENTITY	OR		ER THAN ALL ENTITY
AMENDMENT	05/09/2011	REMAINING AFTER AMENDMEN		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16())	* 18	Minus	·· 24	= 0	ı	x s =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	• 2	Minus	4	<b>-</b> 0	1	X \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2)	(Column 3)						
ENDMENT		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,15())		Minus		=		X \$ =		OR	x s =	
₽	Independent (37 CFR 1 16(h))	*	Minus	***	-	]	X \$ =		OR	X \$ =	
N N	Application S	ize Fee (37 CFF	1.16(s))			]			l		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 30, enter "20".  * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  * The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

into consciond information is required by 3 of Let 1. 16. The findmand is required to domain of retain a content of yee place which is to be its drop yet process) an application. Confidentially is governed by 3 of St. C.12 and 37 Off-14. This condition is estimated to late 2 initiates to one project, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and ors suggestions for reducing this burdon, should be sent to the Cells filteration. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 2231-0. D. NOT 1550, D. NOT 1550, T. P. ESS OR COMPLETE PORTINS TO THIS ADDRESS SEMO. TO: Commissioner for Patients, P.O. SOX 1450, Alexandria, V.A. 2231-31450.